



# Texas Fertility Center

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Board Certified in Reproductive Endocrinology and Infertility  
Board Certified in Obstetrics and Gynecology

## PHOTO/SOCIAL MEDIA RELEASE

I, \_\_\_\_\_ hereby grant Texas Fertility Center (TFC) permission to share my infertility journey on their TFC web and social media sites to include text, pictures, or videos of myself and/or my child/children. I understand that I have the right to request, in writing, removal of the information, and Texas Fertility Center will have 30 days from receipt of this request to comply with my wishes. I understand this authorization will remain in effect until I request removal of the information. I understand this authorization is voluntary. Treatment, payment, enrollment, or eligibility for benefits (as applicable) will not be conditioned upon my signing this authorization form.

Patient Name: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Child's/Children's Name(s) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Partner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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